



STATE OF CONNECTICUT
STATE ENTOMOLOGIST
The Connecticut Agricultural Experiment Station
P.O. Box 1106, New Haven, CT 06504

NURSERY REGISTRATION/INSPECTION APPLICATION

Name of Nursery _____	<div style="border: 1px solid black; padding: 5px; text-align: center;">New Registration <input type="checkbox"/> Renewal <input type="checkbox"/></div>
Name of Owner _____	
Street _____	
Town _____ Zip Code _____	
Telephone _____ Fax _____ e-mail _____	

I hereby register my nursery and apply for inspection. My nursery stock has been grown by me or purchased from other nurseries under an inspection certificate. I will make every reasonable effort to eradicate injurious insects and diseases.

Signature _____ Date _____

Type of business

☐ Wholesale nursery ☐ Retail nursery ☐ Garden center ☐ Christmas tree grower ☐ Greenhouse
☐ Other _____

Growing area in acres _____

Location of growing areas _____

Major type of plants grown or marketed _____

Greenhouses

☐ General houseplants ☐ Chrysanthemums ☐ Orchids ☐ Geraniums ☐ African violets
☐ Other _____

Square feet of greenhouse: Glass _____ Plastic _____ Hoop houses _____

Return form to:

**Office of the State Entomologist
The Connecticut Agricultural Experiment Station
P. O. Box 1106
New Haven, CT 06504-1106**